

Members

Rep. Susan Crosby, Chairperson  
Rep. Cindy Noe  
Sen. Connie Lawson  
Sen. Mark Blade  
Bryan Lett



# INDIANA COMMISSION ON MENTAL HEALTH

LSA Staff:

K.C. Norwalk, Attorney for the Commission  
Kathy Norris, Fiscal Analyst for the Commission

Authority: P.L. 37-1998

*Legislative Services Agency  
200 West Washington Street, Suite 301  
Indianapolis, Indiana 46204-2789  
Tel: (317) 233-0696 Fax: (317) 232-2554*

## MEETING MINUTES<sup>1</sup>

Meeting Date: September 19, 2002  
Meeting Time: 10:30 A.M.  
Meeting Place: State House, 200 W. Washington  
St., 233  
Meeting City: Indianapolis, Indiana  
Meeting Number: 2

**Members Present:** Rep. Susan Crosby, Chairperson; Rep. Cindy Noe; Sen. Connie Lawson; Bryan Lett.

**Members Absent:** Sen. Mark Blade.

Chairperson Crosby called the second meeting of the Indiana Commission on Mental Health ("Commission") to order at 10:40 A.M. and asked the members of the Commission to introduce themselves.

## TESTIMONY REGARDING FUNDING FOR COMMUNITY SERVICES

**Jim Jones**, Indiana Council of Community Mental Health Centers

Mr. Jones discussed the following problems with community based placements:

- The number of staff at the Evansville Psychiatric Children's Center has decreased while the number of patients has remained the same.
- The responsibility for funding is being shifted to Medicaid and state money is being leveraged for federal matching money.
- People can meet the clinical criteria for mental health services but are not

---

<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Medicaid eligible and are therefore barred from receiving services.

- Funding for services has not kept up with inflation, which has made community based placements more expensive over time.
- Housing is often an issue when a person is placed in the community and cannot find a decent and affordable place to live. Housing problems are more of an issue in rural parts of the state.
- Medicaid does not pay transportation costs, housing costs, and vocational training.
- There is not enough focus on addictions.

Responding to questions by members of the Commission, Mr. Jones stated the following:

- When state hospitals have closed, money has followed patients into the community, but this money has not increased with inflation.
- Transportation is covered for people with developmental disabilities but not for people with mental illnesses.

At the end of the Commission meeting, Mr. Jones stated that if a person has a gambling addiction, they usually have other disorders which are diagnosed first.

## **TESTIMONY REGARDING FUNDING FOR ADDICTIONS TREATMENT**

### **George Brenner, Indiana Addictions Coalition**

Dr. Brenner explained that he is a physician with Community Hospitals and he specializes in addictions. Dr. Brenner distributed a handout entitled "Demand for Treatment Data" (Exhibit #1). Dr. Brenner made the following points in his testimony:

- There has been a 30% increase in demand for treatment in the past 4 years.
- Addictions are illnesses that have been criminalized. We need to discontinue criminalizing addictions and treat addictions as chronic illnesses.
- Because addictions have stigmas, people often fear to seek treatment.
- Over 50% of people with addictions have mental health issues.
- We need to invest in treatment that works.
- Additional funds are needed for people with addictions for detoxification programs, outpatient programs, psychiatric services, safe housing, and work programs.
- The elderly with addictions are a hidden epidemic.
- Society needs to change its notion of the difference between involuntary and voluntary treatment for addictions. Insurance should cover both involuntary and voluntary treatment.

Responding to questions by members of the Commission, Dr. Brenner stated the following:

- The 30% increase in demand for addiction treatment at his clinic was due to more programs, the proximity of the program to two recovery houses, and an increase in the number of community centers and schools are making referrals.
- There has been a significant demand for treatment of adolescents.
- A priority is to help society understand that addictions are a public health problem.

## TESTIMONY REGARDING INCREASING THE ALCOHOL TAX

### **Carla Gaff-Clark, Ph.D.**

Dr. Gaff-Clark distributed three handouts to the Commission entitled "Alcohol User-Fee" (Exhibit #2), "Information on Addictions Treatment (Exhibit #3), and "Indiana Alcohol Tax Information" (Exhibit #4). Dr. Gaff-Clark made the following points in her testimony:

- Indiana could raise an additional \$20 million dollars by an alcohol user-fee which could help fund addiction services and the general fund.
- Domestic violence is heavily influenced by addictive behavior.
- 1981 was the last year that the alcohol user-fee was increased.
- Alcohol user fees make people who drink alcohol pay for addiction services that they may use later on, similar to an insurance policy.

## TESTIMONY REGARDING SUBSTANCE ABUSE PARITY

### **Dena Davidson, Ph.D., Indiana University Department of Psychiatry**

Dr. Davidson made the following points in her testimony:

- There are 3 misconceptions about substance abuse:
  - (1) substance abuse is not a disease;
  - (2) there is a strong genetic component of alcoholism and substance abuse; and
  - (3) treatment for substance abuse does not work.
- Treatment does work and compliance for substance abuse treatment is about the same as for compliance for the treatment of other diseases.
- Will power alone does not work to combat substance abuse.
- Alcoholism is a repeat disease and relapses generally are farther apart with each treatment.
- Compared to incarceration, substance abuse treatment is cheap and cost effective.

## TESTIMONY REGARDING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION

### **Janet Corson, Director of the Department of Mental Health and Addiction ("DMHA")**

Ms. Corson made the following points during her testimony:

- People can recover from addictions and participate in everyday life.
- She helped create the Office of Family Consumer Affairs.
- DMHA has concentrated on the medical side of mental health.
- There is a bright future with designer medications.
- Indiana has only closed 1 state hospital, Central State, during her tenure and the money saved from closing Central State did not go to the general fund, but to community mental health centers.
- 88,000 consumers are currently being served by DMHA.
- DMHA currently has several types of services, including programs for:
  - (1) mental illness;
  - (2) substance abuse addictions;
  - (3) gambling addictions; and
  - (4) children with emotional problems.
- DMHA formed a partnership with the Division of Family and Children to start the Dawn Project, which is a wrap around system of care for children. 4 sites have been funded covering 6 counties, and 10 additional sites have been identified covering 20 counties.
- DMHA has instituted assertive community treatment ("ACT") for adults, which is like a hospital without walls. There presently are 3 certified teams and 8 additional teams have been identified for potential certification.
- There are approximately 1100 people in state facilities in Indiana with co-occurring

disorders (a person who has mental health issues and alcoholism).

-DMHA operates 6 psychiatric hospitals in Indiana, including:

(1) LaRue Carter Memorial Hospital in Indianapolis;

(2) Evansville State Hospital;

(3) Evansville Psychiatric Children's Center;

(4) Logansport State Hospital;

(5) Richmond State Hospital; and

(6) Madison State Hospital.

-DMHA admits and discharges approximately 1000 people a year at its hospitals.

-DMHA has significantly reduced the use of constraints at the psychiatric hospitals.

-Money from the tobacco settlement is funding tobacco enforcement and prevention.

-DMHA is collaborating with the Department of Health to address the mental health component of bio-terrorism.

In response to questions from members of the Commission, Ms. Corson made the following points:

-The Dawn Project is funded by various agencies including the Department of Education and FSSA.

-Medicaid is crucial to DMHA and DMHA is looking at how to expand rehabilitation options using Medicaid.

-Money from Medicaid primarily funds addiction services.

-ACT teams serve approximately 50 people.

-The number of people who participate in gambling addiction programs is low.

People are not presenting themselves for these services. DMHA is trying to determine ways to get people with gambling addictions into treatment.

## **AUDIENCE STATEMENTS**

### **Ann Borders, Cummins Mental Health Center**

Ms. Borders stated that Medicaid pays for some transportation services. In response to Sen. Lawson's question, Ms. Borders explained that courts and probation officers do refer people to community mental health centers.

### **Joe Venable, NAMI Indiana**

Mr. Venable stated that children convicted of crimes are not getting sufficient treatment for their mental illnesses.

## **COMMISSION BUSINESS**

### **Future Business**

Chairperson Crosby stated that the Commission will next meet on October 17, 2002, in Room 233 of the Statehouse, and the final meeting will be on October 30, 2002, at the Putnam County Courthouse in Greencastle.

### **Adjournment**

Chairperson Crosby adjourned the meeting at 12:40 P.M.